Please type a plus sign	(+) inside	this box	+	

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECL	ARATION		Attorney Doo	ket Number	ETH-5081
AND POWER OF ATTORNEY	First Named Inventor R. C. Carney et al.				
	TY OR DESIGN			COMPLE	TE IF KNOWN
PATENT APPLICATION (37 CFR 1.63) Declaration Submitted with Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required)		Application N	lumber	TBD	
	OR Initial Filing (Surch	rcharge	Filing Date		November 20, 2003
			Group Art Ur	nit	
			Examiner Na	ame	
As a below named inventor	r, I hereby declare that	:			
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
METHOD AND APPARATUS FOR LASER DRILLING WORKPIECES (Title of the Invention)					
the specification of which					
is attached hereto					
OR					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign	0	_	Filing Date	Priority	Certified Copy
Application Number(s)	Country	(MM/D	D/YYYY)	Not Claime	ed Attached? YES NO
Additional foreign applic	cation numbers are liste	d on a supp	lemental priori	ty data sheet F	PTO/SB/02B attached hereto:

	TION - Utility or Design Patent Appli			
I hereby claim the benefit under 35 U.S.C.	119(e) of any United States provisional app	lication(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:				
Application Serial No.	Filing Date	Status		
		Patented Patented Patented		
I hereby appoint:		Place Customer		
☑ Practitioners at Customer Number	000027777 →	Number Bar Code Label Here		
AND				
Practitioner(s) named below: Name as my/our attorney(s) or agent(s) to prosestates Patent and Trademark Office controls.	Registration Number Ecute the application identified above, and the second t	o transact all business in the United		
Address all telephone calls to E. Richard Skula a	a telephone number (102) 024 2110.			
	mer Number r Code Label 000027777 OR	Correspondence address below		
Address:				
Address:				
City:	State:	ZIP		
Country	Telephone:	Fax:		

I her by declar that all stat ments mad herein of my own knowledge are true and that all stat m nts mad on information and b lief ar b lieved to be tru; and further that th s statements were made with th knowledg that willful false stat ments and the like so mad are punishable by fine or imprisonment, or both, und r 18 U.S.C. 1001 and that such willful fals stat m nts may j opardize th validity of th application or any pat nt issu dth r on. ☐ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: **Family Name** Given Name CARNEY or Sumame (first and middle [if any]) R. Christopher inventor's Date Signature **Citizenship** USA **Country USA** State NJ Residence: City Clinton Mailing Address 11 Busher Place ZIP 08809 **Country USA** State NJ I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name DEMAREST or Sumame (first and middle [if any]) David Inventor's Date Signature CitizenshipUSA **Country USA** State NJ Residence: City Parsippany Mailing Address 709 So. Beverwyck Road **Country USA** ZIP 07054 State NJ Parsippany I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF THIRD INVENTOR: Family Name Given Name MOZAVI or Sumame (first and middle [if any]) Reza K. Inventor's Date Signature **Citizenship** USA **Country USA** State GA Residence: City Alto Mailing Address 478 Chandler Heights Circle Country USA ZIP 30510 State GA City Alto

I h reby declar that all statements mainformation and beli f are believed to be that willful false stat m nts and the like U.S.C. 1001 and that such willful false issued thereon.	euu ,	and function	chat theo	, fine c	r imprisonmen	t, or both, under 18	
NAME OF SOLE OR FIRST INVENTOR:		☐ A pe	tition has b	een file	d for this unsigned	inventor	
Given Name (first and middle [if any]) Angel			Family N or Suma		PEREZ		
Inventor's Signature			 -		Date		
Residence: City Dacula		State GA		Countr	y USA	CitizenshipUSA	
Mailing Address 3393 Mill Grove Terrace							
City Dacula	j :	State GA		ZIP 30	019-5009	Country USA	
I hereby declare that all statements me information and belief are believed to that willful false statements and the lit U.S.C. 1001 and that such willful false issued thereon.	be true	nade are pur ments may j	nishable t eopardize	oy fine e the v	or imprisonme	nt, or both, under 18 plication or any patent	
NAME OF SECOND INVENTOR:	<u> </u>	LIAF	T Table 1	Deen in	eu foi ans disigne	o involto.	
Given Name (first and middle [if any])	me Family Name						
Inventor's Signature					Date		
Residence: City	State		Country		try	Citizenship	
Mailing Address		State		ZIP		Country	
I hereby declare that all statements information and belief are believed to that willful false statements and the U.S.C. 1001 and that such willful false issued thereon.	o de tru	erein of my ie; and furth	er mat ur	wledge	or imprisonm	ent, or both, under 18	
NAME OF THIRD INVENTOR:		A	petition ha	s been f	iled for this unsign	ned inventor	
Given Name (first and middle [if any])			Family or Sur	Name			
Inventor's Signature		<u>,</u>		- 	Date		
Residence: City	State			Country		Citizenship	
Mailing Address				т—			
City		State		ZIP		Country	